D B To State

Declaration and Power of Attorney For Utility or Design Patent Application English Language Declaration

As a below named inventor, I hereby declare that:						
	My residence, post office address and citizenship are as stated below next to my name.					
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, joint inventor (if plural names are listed below) of the subject matter which is claimed and for which is sought on the invention entitled					l, first and hich a patent	
	COMPUTER-BASED MEDICAL DIAGNOS	VIDEO RECORDING AI TIC EQUIPMENT	ND MANAGEMENT EQUIPMEN	T SYSTE	M FOR	
	1		the following box is checked:		as	
	United States Applicate and was amended on _	ion Number		(if appl	icable) or,	
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The first	hereby state that I have reviewed and understand the contents of the above identified specification, including ne claims, as amended by any amendment referred to above.					
1	I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.					
	foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT international application which designated at least one country other than the United States of America, listed below. I have also identified below by checking the "No" box, any foreign application for patent or inventor's certificate, or of					
in and	Claimeu.			Priority (Claimed	
in j	(Number)	(Country)	(Day/Month/Year Filed)	□ Yes □	□ No □	
	(Number)	(Country)	(Day/Month/Year Filed)	_	No □	
	(Number)	(Country)	(Day/Month/Year Filed)	Yes	No	
Additional foreign application numbers are listed on a supplemental priority sheet attached here. I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provision application(s) listed below.					ereto.	
					sional	
	60/291,638 (Number)	May 18, 20 (Day/Month	001 /Year Filed)			
	(Number)	(Day/Month	/Year Filed)			
	(Number)	• •	/Year Filed)		. d h amat-	
	☐ Additional provisional	application numbers are	listed on a supplemental priority sh	eet attach	ea nereto.	
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I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.						
(Application No.) (Filing I	Oate) (Status) (patented, pending, abandoned)					
(Application No.) (Filing I	Date) (Status) (patented, pending, abandoned)					
☐ Additional U.S. or international application numbers are listed on a supplemental priority sheet attached hereto.						
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.						
The undersigned hereby authorizes the U.S. attorney or agent named herein to accept and follow instructions from either his foreign patent agent or corporate representative, if any, as to any action to be taken in the Patent and Trademark Office regarding this application without direct communication between the U.S. attorney or agent and the undersigned. In the event of a change in the persons from whom instructions may be taken, the U.S. attorney or agent named herein will be so notified by the undersigned.						
POWER OF ATTORNEY: As a named inventor, I hereby appoint the attorney(s) and/or agent(s) associated with the Customer Number provided below to prosecute this application and transact all business in the Patent and Trademark Office connected therewith, and direct that all correspondence be addressed to that Customer Number:						
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Third Inventor's signature	Date				
Residence					
Citizenship					
Post Office Address					
dans					
Full name of fourth joint inventor, if any					
Fourth Inventor's signature	Date				
Residence					
Citizenship					
Post Office Address	`				
Full name of fifth joint inventor, if any					
Fifth Inventor's signature	Date				
Residence					
Citizenship					
Post Office Address					
Full name of sixth joint inventor, if any					
Sixth Inventor's signature	Date				
Residence					
Citizenship					
Post Office Address					